

APPLICANT INFORMATION SUMMARY



Statement of Equal Opportunity Policy

The Columbus Fire Department is an Equal Employment Opportunity Employer and will accept applications, hire qualified applicants, administer all terms and conditions of employment, and make available all benefits and compensations of employment without regard to race, color, religion, sex, national origin, disability (as defined by law), or age except when such constitutes a bona fide occupational qualification necessary to proper and efficient administration.

All Applicants are protected from discrimination because of political affiliation and from coercion for partisan political purposes.

No questions on this report are intended to secure information to be used for unlawful discrimination.

INSTRUCTIONS

1. Read each item carefully.
2. This form must be clearly printed in ink or neatly typed.
3. All items must be completed and necessary documentation attached.
4. If additional space is needed, attach a supplemental page at the end of the form, referencing each item.
5. The completed Packet must be returned to the **City of Columbus Fire Department, Administrative Offices, 1101 Jackson Street, Columbus, IN 47201 4:00 p.m., Monday, March 1, 2012.**

POLICY REGARDING THE APPLICANT INFORMATION SUMMARY

1. Failure to comply with instructions and policy regarding this phase of the applicant screening process will result in the rejection of the application.
2. Failure to accurately and truthfully complete this form will result in the rejection of the application.
3. Failure to return this form by the specified date will result in the rejection of the application.

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY

1. **APPLICATION FOR EMPLOYMENT ATTACHMENT** – This attachment must be completed as part of your application.
 - A. Name _____
 - B. Telephone Number where you may be reached _____
 - C. Applicant upon being accepted for employment must be at least twenty-one years of age and not over 35 years of age and live within Bartholomew County or adjoining counties within 90 days of acceptance by the Board of Works and Public Safety.
 - D. Must have a Valid Driver's License in the State of Indiana. License Number _____
License Type _____
 - E. Reference Check: An extensive background investigation will be conducted by the Fire Department Pension Board. You are required to submit three (3) personal references with this application.
 - F. Written Examination: A written test will be given to all applicants.
 - G. Physical Agility Test: THIS IS A TIMED TEST. BASED ON AND VALIDATED AS JOB SPECIFIC. THE TIME LIMITATIONS WILL BE STATED AT THE TIME OF THE AGILITY TEST.
 1. 100 Foot Ladder Climb.
 2. Climb stairs with 100 foot of 1-1/2 inch hose and nozzle – three (3) times.
 3. Hoist and lower hose in a controlled manner, two (2) times.
 4. Move mannequin 100 feet.
 5. Walk a 6-1/2 inch wide balance beam, 30 feet long. Repeated as necessary to complete
 6. Crawl in a confined space and return to opening.
 7. Climb ladder at "A" frame, touch roof and return to ground.
 8. Crawl over ladder.
 9. Move weight, approximately 160 pounds, three (3) feet with an eight (8) pound sledge.
 10. Advance a charged 1-1/2 inch hose line 75 feet.
 - a. Steps 1 through 10 will be completed in full bunker gear with a Self Contained Breathing Apparatus on your back. The ladder climb will be in full bunker gear and no air pack.
 - H. Interviews: Interviews shall be conducted by the local Pension Board and Fire Department Board of Chiefs.

Post Offer of Employment

- I. Physical Examinations: An extensive physical, psychological examination and drug screening will be scheduled and all new hires must be accepted by the Public Employee Retirement Fund as per State Physical Examination guidelines.
- J. All new hires are probationary for one (1) full year.
- K. New hires must successfully complete a basic 24 hour mandatory training course.
- L. Condition of Employment: All new hires shall sign Condition of Employment that they will successfully pass a Basic Emergency Medical Technician Course and shall maintain said Certification as a condition of their employment with the City of Columbus. All expenses for this training shall be paid for by the City.

IMPORTANT: All information asked for must be completed or your application will not be considered.

AN APPLICANT MAY BE ELIMINATED AT ANY TIME IN THE EMPLOYMENT PROCESS IF UNWILLING OR RELUCTANT TO PARTICIPATE IN ANY OF THE ABOVE STEPS. SERIOUS INQUIRIES ONLY PLEASE.

WE WILL BE CONTACTING YOU BY LETTER FOR TESTING DATES. YOU WILL BE RESPONSIBLE FOR CONTACTING THE ADMINISTRATIVE OFFICE AT FIRE STATION #1, 1101 JACKSON STREET, COLUMBUS, IN, OR PHONE: AT 812-376-2679 BETWEEN THE HOURS OF 7:00 A.M. – 4:00 P.M. SHOULD YOU BE UNABLE TO ATTEND ANY SCHEDULED TESTING.

PLEASE SIGN, DATE AND RETURN ENTIRE PACKET WITH YOUR APPLICATION TO THE ADMINISTRATIVE OFFICE AT FIRE STATION #1.

I HAVE READ AND UNDERSTAND THE PREVIOUS PAGES OF THE APPLICATION FOR EMPLOYMENT ATTACHMENT.

APPLICANT SIGNATURE

DATE

2. PERSONAL HISTORY

A. Full Name Last, First, Middle

B. Social Security Number: _____ - _____ - _____

C. List all other names you have used including nicknames. If you have ever legally changed your name, please list previous names. (This information is being collected to assist the department in conducting a thorough background investigation.)

D. Birth Date (Month, Day, Year): ____/____/____

E. Birthplace: (City and State): _____

Attach a copy of your birth certificate. This will be used to verify your age for statutory and pension requirements.

3. RESIDENCE

A. Present Residence:

Number Street Name City

State Zip Phone

B. List chronologically (most current first) all of your residences in the past five years. Include addresses while attending school if away from home and all military addresses including any off military base.

Number Street Name City

State Zip Phone

Number	Street Name	City
State	Zip	Phone
Number	Street Name	City
State	Zip	Phone

4. EDUCATION

A. List all schools attended at the high school level and above.

	School	Location	Years Attended From/to	Degree/ Diploma
High Schools				
College				
Graduate School				
Other				

B. Relevant Training and Experience

If you have completed training in any of the following areas, attach a copy of your training certificate.

- Emergency Medical Technician
- Basic Emergency Rescue Technician
- Fire Technology courses/degrees
- Paramedic
- Fire Science courses/degrees
- 1st Class Firefighter
- 2nd Class Firefighter

Plant Safety, etc. Experience:

Department	Position	Years	Reason For Leaving

5. MILITARY SERVICE

- A. Are you registered for the selective service? YES ☐ NO ☐

Selective Service Number: _____

- B. Have you ever served on active duty in the armed forces of the United States?

YES ☐ NO ☐ (If no, Skip C, D, E and go to Question 6)

Branch of Service: _____

Dates of Active Duty: _____

Serial Number: _____

Type of Discharge: _____

- C. Are you currently a member of any United States Armed Force Reserve or National/State Guard Unit?

YES ☐ NO ☐

If yes, what is your reserve obligation (if any) unit and location?

- D. While in military service, were you ever convicted of any offense (civil or military)?

YES ☐ NO ☐

When? _____

Explain: _____

- E. **Attach a copy of your DD214.**

6. DRIVER'S LICENSE

- A. List all vehicle operator's licenses you now hold or have held:

Type (Driver's/ Chauffeur's)	State of Issuance	License Number/Restrictions
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- B. List all vehicle accidents you have had in the past three years:

Date	Location	Description	Did you receive A Citation:
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C. List all traffic citations you have received in the past three years:

Date	Location	Charge
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_____	_____	_____
_____	_____	_____

D. Has your driver's license ever been suspended or revoked?

YES ☐ NO ☐ If yes, explain _____

7. Have you ever been convicted of a felony?

YES ☐ NO ☐ If yes, explain _____

8. Have you ever been convicted of a misdemeanor?

YES ☐ NO ☐ If yes, explain _____

9. REFERENCES

List three (3) current references (other than relatives and former or current employers):

Name	Daytime Address And Phone	Occupation	Time Known
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

10. ADDITIONAL INFORMATION AND TRAINING

Is there any information or job specific training, or qualifications not mentioned in this report that may reflect upon your suitability to perform the duties you may be called upon to perform, or that might require further explanation? If so explain:

11. Have you previously taken the written exam, if so how many times? _____

12. SIGNATURE

Read the following statement carefully.

I certify that the information contained in this form is correct and complete to the best of my knowledge. I realize that misrepresentation of facts is cause for rejection of my application or dismissal after appointment. I understand that final employment is contingent upon satisfactory completion of all phases of the applicant screening process.

Signature of Applicant

Date of Signature

13. REVIEW

A. Reviewed by: _____

B. Date Reviewed: _____